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PTO/SB/21 (09-06)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/726,324
	Filing Date	December 1, 2003
	First Named Inventor	Hare et al.
	Art Unit	3764
	Examiner Name	Not yet assigned
	Attorney Docket Number	10008.0113US01 (HA68-002)
Total Number of Pages in This Submission		3

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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WITHERS & KEYS, LLC		
Signature			
Printed name	James D. Withers		
Date	10/13/06	Reg. No.	40,376

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Typed or printed name	James D. Withers	Date	10/13/06

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PTO/SB/02 (08-04)

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Application Number	10/726,324
Filing Date	December 1, 2003
First Named Inventor	Hera
Art Unit	3764
Examiner Name	Not yet assigned
Attorney Docket Number	10008.0113US01 (HA68-002)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 44305

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

44305

OR

<input checked="" type="checkbox"/> Firm or Individual Name	WITHERS & KEYS, LLC				
Address	P.O. Box 2049				
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Country	USA				
Telephone	678-565-4748	Fax	878-565-4749		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joseph Hare</i>		
Name	Joseph Hare		
Date	9/14/06	Telephone	509-998-7511

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (09-04)

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Application Number	10/726,324
Filing Date	December 1, 2003
First Named Inventor	Hare
Art Unit	3764
Examiner Name	Not yet assigned
Attorney Docket Number	10008.0113US01 (HA68-002)

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OR

☒ I hereby appoint the practitioners associated with the Customer Number:

44305

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name Judson E. Threlkeld

Date 10/5/06

Telephone 360 954 5454

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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